2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J18228

1. Entity Name

BOREK PROPERTY MANAGEMENT SYSTEMS, INC.



Principal Place of Business

% LYDIA BOREK 1280 S. POWERLINE RD.,STE.★ 5 POMPANO BEACH, FL 33069 Mailing Address

% LYDIA BOREK 1280 S. POWERLINE RD.,STE. ★ 5 POMPANO BEACH, FL 33069

FILED Mar 15, 2006 8:00 am Secretary of State

03-15-2006 90104 045 ***150.00



01192006

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0201997

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BOREK, LYDIA 1280 S. POWERLINE RD., STE 5 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or prefer drame of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOREK, LYDIA 1280 S. POWERLINE RD., STE 5 POMPANO BEACH, FL 33069				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered breakcute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06

Douting Phone 4